

**IOWA BOARD OF PHARMACY**  
**APPLICATION FOR PHARMACY TECHNICIAN TRAINEE REGISTRATION**

Registration No. & Expiration: \_\_\_\_\_  
(assigned by Pharmacy Board)

**REGISTRATION FEE: \$20.00**

Failure to register within 30 days of starting employment or on-site experience (college-based or ASHP-accredited training program) as a pharmacy technician trainee requires payment of an additional fee of \$20 (total fee \$40).

**PLEASE TYPE OR PRINT IN INK.**

**1. Name, Residence/Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remit check or money order payable to:  
**IOWA BOARD OF PHARMACY**  
**(DO NOT SEND CASH)**

**2. Iowa County of Residence:** \_\_\_\_\_

**3. Home Telephone No.:** (\_\_\_\_) \_\_\_\_\_

**4. Gender:**     ☐ Male     ☐ Female

**5. Social Security No.:** \_\_\_\_\_

**6. Date of Birth:** \_\_\_\_\_

E-Mail Address: (optional) \_\_\_\_\_

A pharmacy technician trainee registration is valid for no more than one year starting the date employment or training as a pharmacy technician begins. National certification and registration as a certified pharmacy technician is required before the technician trainee registration expires. If national certification is not completed prior to expiration of the technician trainee registration, employment as a pharmacy technician must be terminated.

**7. Do you currently have any physical or mental condition that in any way impairs or limits your ability to perform the duties of a pharmacy technician with reasonable skill and safety or have you ever used any drugs, alcohol, or other chemical substances that in any way impair or limit your ability to perform the duties of a pharmacy technician with reasonable skill and safety?**

☐ YES     ☐ NO     If you responded 'yes,' please explain on a separate sheet.

**8. Have you ever been charged, convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under \$100)?**

☐ YES     ☐ NO     If you responded 'yes,' please explain on a separate sheet.

**9. Have you ever had a health profession license or registration (pharmacy technician, pharmacist, nurse, physician, etc.) issued in Iowa or another state suspended, revoked, or disciplined?**

☐ YES     ☐ NO     If you responded 'yes,' please explain on a separate sheet.

**10. CURRENT EMPLOYMENT:**

Indicate **all** Iowa pharmacies where you are **currently** employed as a pharmacy technician trainee or are (or will be) performing functions requiring pharmacy technician registration. Please include the Iowa license number for each pharmacy and the month and year employment as a pharmacy technician trainee began (or is scheduled to begin). If you are not currently working as a pharmacy technician but are required to obtain a pharmacy technician registration because you are enrolled in a college-based technician training program, please check this box. ☐

PHARMACY NAME, ADDRESS, CITY	PHARMACY LIC.#	DATE HIRED	HOURS/WEEK

**11.** National pharmacy technician certification is required within one year of beginning employment or training as a pharmacy technician. Anticipated date of certification: \_\_\_\_\_ ☐ PTCB ☐ ICPT

**\*\*If you are currently nationally certified, you must complete the "Initial Application for Certified Pharmacy Technician Registration" available on the Board's website [www.state.ia.us/ibpe](http://www.state.ia.us/ibpe) or from the Board office.**

**12. EDUCATIONAL BACKGROUND:**

*Circle highest grade completed*

1 2 3 4 5 6 7 8 9 10 11 12 High School Graduate or Equivalent (GED)? ☐ Yes ☐ No

Name and location of schools or training <b>BEYOND high school</b>	Dates Attended		Field of Study	Degree Obtained
	MM/YY	MM/YY		

**13.** Are you currently enrolled in a college-based or ASHP-accredited pharmacy technician training program?  
☐ YES ☐ NO If 'yes,' please identify the program name, sponsor, and anticipated completion date.

(Program Name)

(Program Sponsor or Location)

(Anticipated Completion Date)

**14. EMPLOYMENT EXPERIENCE:**

List your employment experience for the past two years, starting with the most recent. Do not include current employment which you have already listed in Item 10 on the reverse.

BUSINESS/COMPANY NAME	POSITION TITLE	COMPANY ADDRESS	CITY, STATE, ZIP	DATES EMPLOYED

**REMIT TO:** IOWA BOARD OF PHARMACY  
400 S.W. EIGHTH STREET, SUITE E  
DES MOINES, IA 50309-4688  
PHONE: (515) 281-5944

Information provided on  
this application may be  
disclosed pursuant to  
657 IAC Chapter 14.

Privacy Act Notice: Disclosure of your Social Security number on this registration application is required by 42 U.S.C. §666(a)(13) and Iowa Code §§252J.8(1) and 261.126(1) (2007), and Iowa Code §272D.8(1) (Supp. 2008). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify registrants, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18 (2007).

**I hereby swear under penalty of perjury** that the information provided in this application is true and correct. I understand that failure to provide complete and truthful information may constitute grounds for denial, revocation, or other disciplinary sanctions against my pharmacy technician registration.

**SIGN  
HERE**



\_\_\_\_\_  
Signature of Pharmacy Technician Applicant

\_\_\_\_\_  
Date

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND  
WILL BE RETURNED TO THE APPLICANT**